

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 08/13/2006		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 08/15/2006							
		FINANCIAL PAYER: NCDMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL		
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***					
	H/DD/SAS								
		0	0		0	0		0	
3404904	WESTERN HIGHLAN	8599	38	DETAIL NOT COVERED BY COMBINAT					
	DS LME			ION OF RECIPIENT, PROVIDER AND					
		8536	6	ATTENDING PROVIDER TYPE AND SP	0	51	509	458	
				ECIALTY COMBINATION IS NOT					
				VALID FOR SUBMITTED BILLING PR					
		191	5	CLIENT ID NUMBER DOES NOT MATC					
				H PATIENT NAME					
3404910	PATHWAYS	11	223	CLIENT NOT ELIGIBLE ON SERVICE					
				DATE					
		8599	129	DETAIL NOT COVERED BY COMBINAT	23	495	3471	2976	
				ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		3412	46	PROVIDER TYPE AND SPECIALTY 07					
				4/113 CANNOT BILL ENHANCED					
				BENEFIT SERVICES ON OR AFTER D					
3404912	CATAWBA COUNTYM	8931	10	AMTNC INELIGIBLE TO RECEIVE SE					
	ENTAL HEALT			RVICES IN IPRS.					
		143	6	CLIENT ID NUMBER NOT ON STATE	10	19	431	412	
				ELIGIBILITY FILE					
		7003	1	EXCEEDS MAXIMUM UNITS ALLOWED					
				PER DAY(S)					
3404913	MECKLENBURG COM	8599	85	DETAIL NOT COVERED BY COMBINAT					
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND					
		8933	70	ADTNC INELIGIBLE TO RECEIVE SE	118	325	965	640	
				RVICES IN IPRS.					
		23	48	SERVICE REQUIRES PRIOR APPROVA					
				L					
3404916	CROSSROADS BEHA	8535	11	SERVICE FACILITY LOCATION WAS					
	VIORAL HEAL			NOT INCLUDED IN YOUR 837.					
		0	0	PLEASE RESUBMIT YOUR CLAIM WIT	0	11	11	0	
3404917	CENTERPOINT HUM	8599	1080	DETAIL NOT COVERED BY COMBINAT					
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		3411	667	PROVIDER TYPE AND SPECIALTY 07	81	2626	7436	4810	
				4/113 CANNOT BILL ENHANCED					
				BENEFIT SERVICES ON OR AFTER D					
		79	248	THIS SERVICE IS NOT PAYABLE TO					
				YOUR SUBMITTED BILLING					
				PROVIDER TYPE AND SPECIALTY IN					
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***					
	ENTAL HEALT								
		0	0		0	0	0	0	

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	3412	1542	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		3411	82	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	17	1802	10380	8578
		8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8518	432	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	65	DUPLICATE OF CLAIM-SYSTEM	2	544	670	126
		5404	37	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C BATHAM AREA	8535	1238	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		27	448	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	5	2676	7363	4689
		3411	220	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404922	THE DURHAM CENT ER	8599	157	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	86	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	4	277	1795	1518
		8329	14	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	267	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	234	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	771	4837	4066
		3411	114	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE R FOR MH/DD	120	243	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	73	882	9035	8153
		21	210	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	5140	DUPLICATE OF CLAIM-SYSTEM				
		3411	1234	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	135	8455	15023	6568
		8599	1092	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	21	461	DUPLICATE OF CLAIM-SYSTEM				
		8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	982	5311	4329
		3412	112	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	10	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	7	88	977	889
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	11	925	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	1206	2660	1454
		8622	43	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	1	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	8	35	27
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV REAL	143	44	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		191	22	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	73	221	148
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	5	10	841	831
		79	2	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	21	28	DUPLICATE OF CLAIM-SYSTEM				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	33	125	92
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	40	459	419
3404941	PITT CO MH/DD/S AS CENTER	21	450	DUPLICATE OF CLAIM-SYSTEM				
		8536	104	ATTENDING PROVIDER TYPE AND SF ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	12	645	1235	590
		8621	22	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	18	DUPLICATE OF CLAIM-SYSTEM				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	2	26	870	844
		3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA L HEALTH CE	21	92	DUPLICATE OF CLAIM-SYSTEM				
		8931	38	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	65	231	1351	1120
		5404	29	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	8534	349	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8532	288	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	15	1075	7765	6690
		8536	125	ATTENDING PROVIDER TYPE AND SF ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	144	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	56	633	10858	10225
		21	90	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	5404	1	SEVERE DUPLICATE: SAME ATTD PR				
	HEALTH CTR			OV/PCODE/TOS/DOS/MOD				
		0	0		0	1	1	0
3404979	NEW RIVER AREAM	5404	70	SEVERE DUPLICATE: SAME ATTD PR				
	H/DD/SA PRO			OV/PCODE/TOS/DOS/MOD				
		21	66	DUPLICATE OF CLAIM-SYSTEM	71	320	6372	6052
		8931	64	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				